



1732  
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PTO/SB/83 (01-03)

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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/015,319
Filing Date	December 12, 2001
First Named Inventor	W. Scott Thielman
Art Unit	1732
Examiner Name	
Attorney Docket Number	013013026179

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To: Commissioner for Patents  
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I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Transfer of prosecution responsibility to new law firm

Approved  
*Jacqueline M. Stone*  
Jacqueline M. Stone, Director  
Technology Center 1700

JUN 29 2004

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☒ This request is made on behalf of myself and

☒ all the attorneys/agents of record.

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☐ the attorneys/agents associated with Customer Number

This request is enclosed in triplicate (including any attachments).

Name Sandra B. Weiss

Signature *Sandra B. Weiss*

Date 7/10/03

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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Bib Data Sheet

CONFIRMATION NO. 4291

<b>SERIAL NUMBER</b> 10/015,319	<b>FILING OR 371(c) DATE</b> 12/12/2001 <b>RULE</b> 1.47	<b>CLASS</b> 425	<b>GROUP ART UNIT</b> 1722	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> W. Scott Thielman, Palatine, IL; Robert M. Pricone, Libertyville, IL;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/596,240 06/16/2000 ABN and is a CIP of 09/781,756 02/12/2001 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/07/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 49
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> Heidi Boehlefeld Renner, Otto, Boisselle & Sklar 1621 Euclid Avenue Cleveland ,OH 44115-2191				
<b>TITLE</b> Process and apparatus for embossing precise microstructures and embossing tool for making same				
<b>FILING FEE RECEIVED</b> 1560	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	